

**Step 1: Identify your business**

1 Illinois Business Tax number (IBT no.): _____

2 Account no.: **L A** - _____

3 Name: _____

4 Address: _____
Number and street

City _____ State _____ ZIP _____

5 Tax period: ____/____/____
Month Year

6 ☐ Check here if your address has changed.

7 Is this a final return? ☐ yes ☐ no
"Final" indicates you will no longer conduct business. If you checked "yes," complete the following information:
☐ I **discontinued** my business on _____.
☐ I **sold** my business on _____.
If you checked "sold," provide the new owner's name and address:
Name: _____
Address: _____

Step 2: Figure your tax due

8 Liquor imported into Illinois, tax not paid (From Schedule A)

9 Liquor purchased in Illinois, tax not paid (From Schedule F)

10 Illinois revenue passenger miles: _____

11 System revenue passenger miles: _____

12 System gallonage purchases for aircraft (excluding in-bond)

13 Percentage of system domestic revenue passenger miles allocated to Illinois

14 **Multiply Line 12 by Line 13** - Total quantity subject to tax.

15 Tax rate per gallon (tax periods on and after July 1, 1999)

16 **Multiply Line 14 by Line 15** - Tax due for each liquor class.

17 **Add all columns' Line 16** - Total tax due.

18 If you timely file and pay this tax electronically multiply Line 17 by appropriate rate. See instructions.

19 **Subtract Line 18 from Line 17.**

20 Credit you wish to apply.

21 **Subtract Line 20 from Line 19** and pay this amount.
Make your check payable to "Illinois Department of Revenue."

	Cider 0.5% to 7 % or Beer	Alcoholic liquor 14% or less	Alcoholic liquor > 14% - < 20%	Alcoholic liquor 20% or more
8	_____	_____	_____	_____
9	_____	_____	_____	_____
12	_____	_____	_____	_____
13	_____	_____	_____	_____
14	_____	_____	_____	_____
15	\$.185	\$.73	\$.73	\$ 4.50
16	_____	_____	_____	_____
17	\$ _____			
18	\$ _____			
19	\$ _____			
20	\$ _____			
21	\$ _____			

**Electronic
Use Only****Step 3: Sign below**

Under penalties of perjury, I state that I have examined this return, all accompanying schedules, and, to the best of my knowledge, it is true, correct, and complete. I also state that such information is taken from the books and records of the business for which this return is filed.

Owner or officer's signature and title (state if individual owner, member of firm, or corporate officer title)

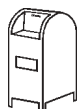
Title: _____ (____)____ - ____/____/____
Telephone number (include area code) Date

Preparer's signature and title (state if individual owner, member of firm, or corporate officer title)

Title: _____ (____)____ - ____/____/____
Telephone number (include area code) Date

Step 4: Mail your return

Mail your completed return and attachments to



**LIQUOR AND CIGARETTE TAX SECTION
ILLINOIS DEPARTMENT OF REVENUE
PO BOX 19019
SPRINGFIELD IL 62794-9019**

